

**NOTICE OF INTENT**

**for**

**SCIENTIFIC RESEARCH APPLICATION**

**RESEARCH AND WORKPLACE INNOVATION PROGRAM**

**2015**

***Funding occupational health research and innovative workplace solutions***

**CLOSING DATE**

**MARCH 23, 2015**

Qualified researchers, scholars and health professionals affiliated with Canadian post-secondary institutions including hospitals and research institutes, Canadian non-governmental organizations with an explicit research or knowledge translation mandate, or labour unions, industry or employer associations and their affiliates, representing Manitoba workers or employers who wish to apply for funding under theResearch and Workplace Innovation Program scientific research stream, are expected to submit a Notice of Intent using the format provided below.

**Please take note that proposals for funding under the scientific research stream of the Research and Workplace Innovation Program will be disqualified if a Notice of Intent is not submitted by the closing date: March 23, 2015.**

1. **Working Title of Proposed Study/Research Project**

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1. **Description of Proposed Study/Research Project**

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1. **Study Disciplines applicable to the Proposed Study/Research Project**

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1. **Information on the Principal Applicant/s and Co-Applicant/s to include:**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Host Institution |  |
| Business Mailing Address |  |
| Telephone Number |  |
| Email |  |
| Other contact information |  |

1. **If the applicant intends to use WCB data in the Proposed Study/Research Project: provide a brief description of the data that would be requested.**

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1. **Indicate if this Notice of Intent has been submitted to the RWIP call for applications in prior years.**

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1. ***Mandatory*: The applicant must provide the names and contact information of at least two (2) peer reviewers who are willing, qualified and not in conflict of interest, to review the proposed study/research project.**
2. ***Mandatory* The applicant is responsible for contacting the identified peer reviewers to obtain their agreement to peer review the application prior to submitting their names on the Notice of Intent.**

**In the space below, please provide the following information:**

|  |  |
| --- | --- |
| PEER REVIEWER 1 | |
| Name |  |
| Title |  |
| Host Institution |  |
| Business Mailing Address |  |
| Telephone Number |  |
| Email |  |
| Other contact information |  |

|  |  |
| --- | --- |
| PEER REVIEWER 2 | |
| Name |  |
| Title |  |
| Host Institution |  |
| Business Mailing Address |  |
| Telephone Number |  |
| Email |  |
| Other contact information |  |